

CMS Manual System

Pub. 100-04 Medicare Claims Processing

Department of Health &
Human Services (DHHS)
Centers for Medicare &
Medicaid Services (CMS)

Transmittal 502

Date: MARCH 11, 2005

CHANGE REQUEST 3748

SUBJECT: New Contrast Agents Healthcare Common Procedure Coding System (HCPCS) Codes

I. SUMMARY OF CHANGES: To update the new Q codes used for Contrast Agents

NEW/REVISED MATERIAL - EFFECTIVE DATE*: April 1, 2005

IMPLEMENTATION DATE: April 4, 2005

Disclaimer for manual changes only: The revision date and transmittal number apply to the red italicized material only. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual not updated.)

(R = REVISED, N = NEW, D = DELETED) – (Only One Per Row.)

R/N/D	CHAPTER/SECTION/SUBSECTION/TITLE
N/A	

III. FUNDING: Medicare contractors shall implement these instructions within their current operating budgets.

IV. ATTACHMENTS:

	Business Requirements
	Manual Instruction
	Confidential Requirements
	One-Time Notification
X	Recurring Update Notification

*Unless otherwise specified, the effective date is the date of service.

Attachment – Recurring Update Notification

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SUBJECT: New Contrast Agents Healthcare Common Procedure Coding System (HCPCS) Codes

I. GENERAL INFORMATION

This notification contains information on new HCPCS codes for contrast agents which will be effective April 1, 2005.

A. Background:

Effective April 1, 2005, the following contrast agents HCPCS codes are being added to the Healthcare Common Procedure Coding System.

HCPCS Code	Short Descriptor	Long Descriptor
Q9945	LOCM <=149 mg/ml iodine, 1ml	Low osmolar contrast material, up to 149 mg/ml iodine concentration, per ml
Q9946	LOCM 150-199mg/ml iodine,1ml	Low osmolar contrast material, 150 - 199 mg/ml iodine concentration, per ml
Q9947	LOCM 200-249mg/ml iodine,1ml	Low osmolar contrast material, 200 - 249 mg/ml iodine concentration, per ml
Q9948	LOCM 250-299mg/ml iodine,1ml	Low osmolar contrast material, 250 - 299 mg/ml iodine concentration, per ml
Q9949	LOCM 300-349mg/ml iodine,1ml	Low osmolar contrast material, 300 - 349 mg/ml iodine concentration, per ml
Q9950	LOCM 350-399mg/ml iodine,1ml	Low osmolar contrast material, 350 - 399 mg/ml iodine concentration, per ml
Q9951	LOCM >= 400 mg/ml iodine,1ml	Low osmolar contrast material, 400 or greater mg/ml iodine concentration, per ml
Q9952	Inj Gad-base MR contrast, ml	Injection, gadolinium-based magnetic resonance contrast agent, per ml
Q9953	Inj Fe-based MR contrast, ml	Injection, iron-based magnetic resonance contrast agent, per ml
Q9954	Oral MR contrast, 100 ml	Oral magnetic resonance contrast agent, per 100 ml
Q9955	Inj perflexane lip micros, ml	Injection, perflexane lipid microspheres, per ml
Q9956	Inj octafluoropropane mic,ml	Injection, octafluoropropane microspheres, per ml
Q9957	Inj perflutren lip micros, ml	Injection, perflutren lipid microspheres, per ml

B. Policy:

Effective April 1, 2005, payment for contrast agents will be made on the basis of the Average Sales Price (ASP) plus six percent in accordance with the standard methodology for drug pricing established by the Medicare Modernization Act (MMA) for other than hospital outpatient claims. Payments for the new Q-codes can be found in the respective quarterly Medicare Part B drug pricing files that are posted on the CMS website.

HCPCS codes A4644-A4646 have been replaced with Q9945-Q9951. HCPCS codes A4643 and A4647 have been replaced with Q9952 – Q9954. Note that hospital outpatient departments shall continue to bill the A codes (A4644- A4646, A4643, and A4647), and shall not report Q9945-Q9957. Non-institutional providers billing the carriers shall use Q9955- Q9957 to report specific echocardiography contrast agents. All other echocardiography contrast agents not described by Q9955- Q9957 shall be reported with A9700.

These requirements apply to fiscal intermediaries and local Part B carriers.

II. BUSINESS REQUIREMENTS

"Shall" denotes a mandatory requirement

"Should" denotes an optional requirement

Requirement Number	Requirements	Responsibility (“X” indicates the columns that apply)								
		F I	R H H I	C a r r i e r	D M E R C	Shared System Maintainers				Other
						F I S S	M C S	V M S	C W F	
3748.1	Carriers shall replace HCPCS codes A4644-A4646 with Q9945- Q9951.			X			X	X	X	
3748.2	Carriers shall replace HCPCS codes A4643 and A4647 with Q9952- Q9954.			X			X	X	X	
3748.3	Carriers shall use Q9955-Q9957 to report these specific echocardiography contrast agents. All other echocardiography contrast agents not described by Q9955-Q9957 shall be reported with A9700.			X						
3748.4	Fiscal Intermediaries (FIs) shall continue to accept provider claims that have the following A codes (A4644-A4646, A4643, and A4647), because providers should not report Q9945-Q9957.	X				X				

Requirement Number	Requirements	Responsibility (“X” indicates the columns that apply)								
		F I	R H I	C a r r i e r	D M E R C	Shared System Maintainers				Other
						F I S S	M C S	V M S	C W F	
3748.5	The contractors shall use type of service (TOS) 4.			X			X	X	X	
3748.6	Carriers shall use Status Indicator “I” for A4644-A4646, A4643 and A4647 on the MPFSDB. These codes will be updated on the July MPFSDB update.			X			X	X	X	

III. PROVIDER EDUCATION

Requirement Number	Requirements	Responsibility (“X” indicates the columns that apply)								
		F I	R H I	C a r r i e r	D M E R C	Shared System Maintainers				Other
						F I S S	M C S	V M S	C W F	
3748.1	A provider education article related to this instruction will be available at www.cms.hhs.gov/medlearn/matters shortly after the CR is released. You will receive notification of the article release via the established "medlearn matters" listserv. Contractors shall post this article, or a direct link to this article, on their Web site and include information about it in a listserv message within one week of the availability of the provider education article. In addition, the provider education article shall be included in your next regularly scheduled bulletin and incorporated into any educational events on this topic. Contractors are free to supplement Medlearn Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly.	X		X						

Requirement Number	Requirements	Responsibility (“X” indicates the columns that apply)								
		F I	R H I	C a r r i e r	D M E R C	Shared System Maintainers				Other
						F I S S	M C S	V M S	C W F	

IV. SUPPORTING INFORMATION AND POSSIBLE DESIGN CONSIDERATIONS

A. Other Instructions: N/A

X-Ref Requirement #	Instructions

B. Design Considerations: N/A

X-Ref Requirement #	Recommendation for Medicare System Requirements

C. Interfaces: N/A

D. Contractor Financial Reporting /Workload Impact: N/A

E. Dependencies: N/A

F. Testing Considerations: N/A

V. SCHEDULE, CONTACTS, AND FUNDING

Effective Date*: April 1, 2005 Implementation Date: April 4, 2005 Pre-Implementation Contact(s): Tracey Hemphill, (410) 786-7169 and Wendy Knarr, (410) 786-0843 Post-Implementation Contact(s): Appropriate Regional Office	Medicare contractors shall implement these instructions within their current operating budgets.
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